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	Substitute for form 1449A/PTO	Complete if Known		
	dubstitute for form 7445747 TO	Application Number	TBA	
	INFORMATION DISCLOSURE	Filing Date		
STATEMENT BY APPLICANT		First Named Inventor	LIVINGSTON, Robert	
		Art Unit	ТВА	
	(Use as many sheets as necessary)	Examiner Name	TBA	
Shee	1 11	Attorney Docket Number	56545.010401	

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Initjals*	No.1	Number-Kind Code <sup>2 (# known)</sup>	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear	
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Examiner Initials*	Cite No.1	Foreign Patent Document  Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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Examiner Signature	/Virginia Manoharan/ (02/20/2009)	Date Considered	02/20/2009

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